Alaska District Employee Safety and Occupational Health Briefing

Prepared by the Alaska District Safety and Occupational Health Office
Phone (907) 753-2562/2896/5712
Revised on 9-17-08

Who has enforcement jurisdiction over Federal employee safety and health programs?

OSHA

Occupational Safety and Health Administration

OSH Act 1970 (P.L. 91-596)

To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health; and for other purposes.

Federal employees are covered under the Occupational Safety and Health Act of 1970 through Executive Order 12196. The Executive Order also directed the Department of Labor Occupational Safety and Health Administration (OSHA) to develop a basic set of program elements for federal agencies. This resulted in 29 CFR 1960 Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters.

In Summary

YOU HAVE THE RIGHT TO A SAFE WORKPLACE. OSHA REQUIRES EMPLOYERS TO PROVIDE A WORKPLACE THAT IS FREE OF RECOGNIZED HAZARDS AND IN COMPLIANCE WITH OSHA STANDARDS.

Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters (29 CFR 1960)

Sec. 1960.1 Purpose and scope. (a) Section 19 of the Occupational Safety and Health Act (the Act) contains special provisions to assure safe and healthful working conditions for Federal employees. Under that section, it is the responsibility of the head of each Federal agency to establish and maintain an effective and comprehensive occupational safety and health program which is consistent with the standards promulgated under section 6 of the Act....

Other Requirements

EM 385-1-1, Safety and Health Requirements (Green Book) dated 3 Nov 2003

Applies to HQUSACE elements, major subordinate commands, districts, centers, laboratories and field operating activities (FOA), as well as USACE and Naval Facilities (NAVFAC) Engineering Command contracts. Applicability extends to occupational exposure for missions under the command of the Chief of Engineers, whether accomplished by military, civilian, or contractor personnel.

Federal and USACE requirements can be found on the Districts LAN (O: SO/Public/Safety Library)

District Commanders
Safety and Occupational Health Policy #1
Extract

"As the District Commander, I am responsible for and committed to ensuring that all employees of the Alaska District have a safe and healthy work environment. No employee shall be directed to work in unsafe or unhealthy conditions. Complacency, unsafe practices, and recurring accidents have an impact on our mission and shall be addressed through an aggressive district-wide safety program...."

The District (POA) Policies can be found on the Districts QMIS web site

Safety and Occupational Health Office (SOHO)

Safety and Occupational Health Manager
(907) 753-2896

Safety and Occupational Health Specialist
(907) 753-2562

Safety Engineer
(907) 753-5712

FAX (907) 753-5775
DSN 552-4800, Ext 2896/2562/5712

SOHO Duties

- **Manage and administer the Alaska District Safety and Occupational Health program.**
- **Formulate District safety policies and provide program direction in accordance with policies and objectives from HQ USACE, Department of the Army, Safety and Occupational Health Administration (OSHA), and other controlling authorities within the Federal service.**

SOHO
Roles and Responsibilities

- Serve as Chief Advisor to DE, DD, and all Staff Elements on Safety and Occupational Health Policies, Procedures, Objectives, and Directives.
- Serve as District point of contact on Safety and Occupational Health issues or concerns.
- Ensure District Safety and Occupational Health Programs are in compliance with Federal, Army, and Corps of Engineers standards.
- Review safety plans or programs for command elements and contracts.
- Conduct site surveys and workplace assessments to ensure compliance and effectiveness of the District Safety Programs.

SOHO
Roles and Responsibilities

- **Track, review and recommend corrective actions on all Government and Contractor accident reports.**
- **Provide as requested and/or identify safety-related training for POA employees as needed to perform their duties.**
- **Ensure current safety and health reference and resource materials are available for District use.**
- **Provide guidance and oversight on all Safety, Occupational Health and Industrial Hygiene related issues.**

Indoctrination and Training Requirements

Section 01, EM 385-1-1, Nov 2003

1. **Accident prevention and maintaining safe and healthful work environments**

- The employer is responsible for initiating and maintaining job safety and health that complies with USACE safety and health requirements.

- Each employee is responsible for complying with applicable safety and occupational health requirements, wearing prescribed safety and health equipment, reporting unsafe conditions/activities, preventing avoidable accidents and working in a safe manner

2. **General safety and health policies and procedures**

- Commanders Safety and Occupational Health Policy #1
- Firearm and Bear Safety Policy #2
- Personal Protective equipment Policy #3
- Chartered Aircraft Travel and Safety Policy #21
- CEPOA-6.4-5 Firearm and Bear Safety SOP
- CEPOA-6.4.1-WI-01 Accident Reporting and Investigation Work Instruction
- ADR 385-1-2, Alaska District Safety and Occupational Health Regulation

3. Employee and supervisors responsibilities for reporting all accidents

What is an accident?

An unplanned event or occurrence that results in an injury, illness or property damage.

- **All accidents that occur incidentally to an operation, project, or facility**

will be investigated, reported and analyzed as prescribed by the Government Designated Authority (GDA).

- **Employees and immediate supervisors are responsible for reporting**

injuries or occupationally related illnesses through their GDA to the District Safety and Occupational Health Office within 24 hours *.

- **No supervisor shall decline to accept a report of injury from an employee.**

- **Any employee receiving treatment for work related injury or illness**

POD 265-R (1 of 2 page)
Used to report all

ENG 3394 (page 1 of 4)
Used to report recordable

CEPOD
IMMEDIATE REPORT OF ACCIDENT

SOHO USE ONLY
Date Rec'd:
Time Rec'd:

TO (COE office): FROM:

1. Name of person reporting accident(print): Phone No.

2. Accident Information (Check all that apply):

Property Damage	☐	Initial Report	☐	Contractor	☐
Injury	☐	Follow Up Report*	☐	Government	☐
Illness	☐	Final Report	☐	Public	☐
Fatality	☐				
Other (explain)	☐				

*A follow up report is due within 24 hours of any changes or additional information related to the accident (i.e., workers duty status)

3. Contractor: 3a. Contract Number:

4. Location of accident (be specific):

5a. Date of accident: 5b. Time of accident:

5c. An explanation is required if this report is being submitted more than 24 hours after the accident occurred.

6. Injured persons: Name: Age: Occupation:

7. What was the activity before the accident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using (i.e., excavating with back hoe, electrical equipment installation, demolition of facility, erecting structural steel):

Continuation page 2

8. What Happened? Tell how the injury, illness or property damage occurred (i.e., struck by, contacted by, cut by, strained by, fell from same or different level, stung by):.

Continuation page 2

9. What was the injury, illness or property damage (i.e., contusion, bruise, muscle strain, fracture, respiratory, allergic reaction, skin disease, poisoning, collapsed boom crane, engine fire, damaged utilities)?:

10. Is the injury or illness recordable as defined in OSHA 29 CFR Part 1904? (If yes an ENG Form 3394 must be completed and submitted within 10 days.) Note: An injury or illness is recordable if it results in death, days away from work, transfer to another job, restricted work, medical treatment beyond first aid, loss of consciousness or other significant illness. First aid treatment is clearly defined in OSHA 29 CFR part 1904. YES ☐ NO ☐

11. What medical treatment was required for the injury or illness (i.e. first aid, sutures, prescription medication, x-rays, cast)?

12. If medical treatment was given away from the work site, where was it given?

13. Was employee hospitalized overnight as an in-patient? Yes ☐ No ☐ 14c. Estimated days hospitalized:

14a. Estimated days away from work: 14b. Estimated Job Transfer or Restricted Days:

15. Did accident result in property damage? Yes ☐ No ☐ If yes, estimated property damage:

(If property damage is $2000 or greater an ENG Form 3394 must be completed and submitted

16. **Accident Board of Investigation Required: Yes ☐ No ☐ If yes, was immediate notification to the designated authorities made? The District Safety Office and Commander must be notified of all serious cases. Yes ☐ No ☐

**A board of investigation is required if the accident resulted in: a) a fatality, b) three or more people being admitted to a hospital, c) permanent total or partial disability, or d) property damage of $200,000 and greater.

17. Who investigated this accident (print name and title):

18a. Signature of person making report: 18b. DATE SIGNED (YYYYMMDD)

19a. Title of person making report: 19b. Phone:

POD Form 265-R, JUNE 2007 Previous versions are obsolete

(For Safety Staff only) | REPORT NO. | EROC CODE | [illegible] ACCIDENT INVESTIGATION REPORT (For Use of this Form See Help Menu and USACE Suppl to AR 385-40) | REQUIREMENT CONTROL SYMBOL: CEEC-S-8(R2)

1. ACCIDENT CLASSIFICATION

PERSONNEL CLASSIFICATION	INJURY/ILLNESS/FATAL	PROPERTY DAMAGE	MOTOR VEHICLE INVOLVED	DIVING
GOVERNMENT ☐ CIVILIAN ☐ MILITARY	☐	☐ FIRE INVOLVED ☐ OTHER	☐	☐
☐ CONTRACTOR	☐	☐ FIRE INVOLVED ☐ OTHER	☐	☐
☐ PUBLIC	☐ FATAL ☐ OTHER		☐	

2. PERSONAL DATA

a. Name (Last, First, MI) | b. AGE | c. SEX ☐ MALE ☐ FEMALE | d. SOCIAL SECURITY NUMBER | e. GRADE

f. JOB SERIES/TITLE | g. DUTY STATUS AT TIME OF ACCIDENT ☐ ON DUTY ☐ TDY ☐ OFF DUTY | h. EMPLOYMENT STATUS AT TIME OF ACCIDENT ☐ ARMY ACTIVE ☐ ARMY RESERVE ☐ VOLUNTEER ☐ PERMANENT ☐ FOREIGN NATIONAL ☐ SEASONAL ☐ TEMPORARY ☐ STUDENT ☐ OTHER (Specify)

3. GENERAL INFORMATION

a. DATE OF ACCIDENT (month/day/year) | b. TIME OF ACCIDENT (Military time) hrs | c. EXACT LOCATION OF ACCIDENT | d. CONTRACTOR'S NAME (1) PRIME: (2) SUBCONTRACTOR:

e. CONTRACT NUMBER ☐ CIVIL WORKS ☐ MILITARY ☐ OTHER (Specify) | f. TYPE OF CONTRACT ☐ CONSTRUCTION ☐ SERVICE ☐ A/E ☐ DREDGE ☐ OTHER (Specify) | g. HAZARDOUS/TOXIC WASTE ACTIVITY ☐ SUPERFUND ☐ DERP ☐ IRP ☐ OTHER (Specify)

4. CONSTRUCTION ACTIVITIES ONLY (Fill in line and corresponding code number in box from list - see help menu)

a. CONSTRUCTION ACTIVITY (CODE) # | b. TYPE OF CONSTRUCTION EQUIPMENT (CODE) #

5. INJURY/ILLNESS INFORMATION (Include name on line and corresponding code number in box for items e, f & g - see help menu)

a. SEVERITY OF ILLNESS/INJURY (CODE) # | B. ESTIMATED DAYS LOST | C. ESTIMATED DAYS HOSPITALIZED | D. ESTIMATED DAYS RESTRICTED DUTY

e. BODY PART AFFECTED PRIMARY (CODE) # SECONDARY (CODE) # | g. TYPE AND SOURCE OF INJURY/ILLNESS TYPE (CODE) # SOURCE (CODE) #

f. NATURE OF ILLNESS / INJURY (CODE) #

6. PUBLIC FATALITY (Fill in line and correspondence code number in box - see help menu)

a. ACTIVITY AT TIME OF ACCIDENT (CODE) # | b. PERSONAL FLOATATION DEVICE USED? ☐ YES ☐ NO ☐ N/A

7. MOTOR VEHICLE ACCIDENT

a. TYPE OF VEHICLE ☐ PICKUP/VAN ☐ AUTOMOBILE ☐ TRUCK ☐ OTHER (Specify)

b. TYPE OF COLLISION ☐ SIDE SWIPE ☐ HEAD ON ☐ REAR END ☐ BROADSIDE ☐ ROLL OVER ☐ BACKING ☐ OTHER (Specify)

c. SEAT BELTS	USED	NOT USED	NOT AVAILABLE
(1) FRONT SEAT			
(2) REAR SEAT			

8. PROPERTY/MATERIAL INVOLVED

a. NAME OF ITEM	B. OWNERSHIP	C. $ AMOUNT OF DAMAGE
(1)		
(2)		
(3)		

9. VESSEL/FLOATING PLANT ACCIDENT (Fill in line and correspondence code number in box from list - see help menu)

a. TYPE OF VESSEL/FLOATING PLANT (CODE) # | b. TYPE OF COLLISION/MISHAP (CODE) #

10. ACCIDENT DESCRIPTION (Use additional paper, if necessary)

See attached page.

ENG FORM 3394, MAR 99 Version 2 EDITION OF SEP 88 IS OBSOLETE. Page 1 of 4 pages (Proponent: CESO)

4. Provisions for medical facilities and emergency response and procedures for obtaining medical treatment or emergency assistance

- **Identify locations of nearest medical treatment facility.**
- **Must have effective means of communication with 911 access or other emergency response source.**
- **Post telephone numbers and a map to physicians, hospitals or ambulances.**
- **If a medical facility or physician is not accessible within 5 minutes of an injury to a group of two or more employees for the treatment of injuries, at least two or more employees shall be qualified to administer first aid and CPR.**
- **Employees working in remote areas shall be trained in first aid and CPR and provided an effective means of communication.**

5. Procedures for reporting and correcting unsafe conditions or practices

Any employee who believes that an unsafe or unhealthful condition exists within a work area shall:

- **Correct the condition if it is within their area of supervisory control and does not present a danger to themselves or others.**

- **Verbally report the unsafe/unhealthy condition or practice to your supervisor if the condition or practice cannot be corrected immediately.**

- **In addition to the supervisor notification above, all unsafe conditions or practices that are facility related must be reported to the facility manager and the Safety Office. All other unsafe conditions or practices will be reported through the supervisor to the Safety Office.**

- **The employee has the right to make a written report in addition to the required verbal report (DA Form 4755).**

EMPLOYEE REPORT OF ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

For use of this form, see AR 385-10; the proponent agency is Office of The Inspector General.

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the local Safety Office (Ref OSHA Poster on rights of employees and their representatives).

The undersigned *(check one)*

☐ Employee ☐ Representative of employees ☐ Other *(Specify)* _____

believes that a job safety or health hazard exists at the following place of employment

Does this hazard *(s)* immediately threaten serious physical harm? ☐ Yes ☐ No

If "yes" checked, immediately contact your supervisor or safety representative.

Name of official in charge _____ Telephone _____

Operation/Activity _____

Exact location of worksite _____

1. Kind of operation _____

2. Describe briefly the hazard which exists there including the appropriate number of employees exposed to or threatened by such hazard

3. List by number and/or name the particular occupational safety and health standard *(s)* which may have been violated, if known

4. *(a)* To your knowledge, has this hazard been the subject of a union/management grievance or have you *(or anyone you know)* otherwise called it to the attention of, or discussed it with the employer or any representative thereof?

(b) If so, please give the results thereof including any efforts by management to eliminate or reduce the severity of the hazard

5. Please indicate your desire:

☐ I do not want my name revealed to the official in charge.

☐ My name may be revealed to the official in charge.

WORK LOCATION	TELEPHONE NO.	DATE
TYPED OR PRINTED NAME OF EMPLOYEE OR EMPLOYEE REPRESENTATIVE	SIGNATURE	

DA FORM 4755, OCT 78

USAPPC V1.00

DA Form 4755 Employee Report of Alleged Unsafe or Unhealthy Working Conditions

6. Job hazards and the means to control/eliminate those hazards;
including applicable position and/or activity hazard analysis

- **A position hazard analysis (PHA) shall be prepared, updated as necessary and documented by the supervisor of each USACE position warranted by the hazards associated with the position's tasks. A generic PHA may be used for groups of employees performing repetitive office/administrative tasks where the primary hazards are ergonomic , lighting, light lifting and carrying, and indoor quality.**

- **Supervisors will review PHA's with employees upon initial assignment to a position and at least annually or whenever there is a significant change in work procedures and/or hazards.**

- **Employees exposed to or who handle hazardous materials**

Position Hazard Analysis (PHA)

NAME *(Print, Last, First, MI)*

JOB SERIES

JOB TITLE

JOB NUMBER *(SF 52)*

POSITION HAZARD ANALYSIS (PHA) FOR USACE EMPLOYEES
(EM 385-1-1)

PREPARED BY *(Print Name, Last, First, MI)*

ANALYZED BY *(Supervisor/SOHO)*

DATE *(Mo)* *(Day)* *(Year)*

COMMAND NAME & ORGANIZATION CODE

PRIMARY DUTY LOCATION

Clearances/Certificates Required *(check all that apply)*

☐ Driver's License ☐ First Aid/CPR ☐ Respirator ☐ EM Ops PRT Training ☐ HTRW ☐ Confined Space Entry
☐ Boat Operator ☐ CDL ☐ Crane Operator ☐ Diver ☐ Other *(List)* _____

POSITION TASKS	SAFETY AND/OR OCCUPATIONAL HEALTH HAZARDS	CONTROLS
1.	1.	1.

*Note: Examples of potential hazards are as follows: Safety: trenching, electrical, slips, trips, fall hazards, etc.; Physical Agent: Exposure to heat/cold, noise, stress, vibration, radiation; Chemical: Exposure to solvents, cadmium, paints, welding fumes, pesticides, etc; Biological: Exposure to bloodborne pathogens, poison ivy, insects, fungi, etc.

ENG FORM 6017-R, May 2004 (Proponent: CESO

NAME (Print, Last, First, MI)

JOB SERIES

JOB TITLE

JOB NUMBER (SF 52)

POSITION HAZARD ANALYSIS (PHA) FOR USACE EMPLOYEES

POSITION TASKS CONTINUED	SAFETY AND/OR OCCUPATIONAL HEALTH HAZARDS CONTINUED	CONTROLS CONTINUED

(Reverse of ENG FORM 6017-R)

NAME (Print, Last, First, MI)

JOB SERIES

JOB TITLE

JOB NUMBER (SF 52)

POSITION HAZARD ANALYSIS (PHA) FOR USACE EMPLOYEES

EQUIPMENT/PPE TO BE USED CONTINUED *(List equipment and PPE to be used for each task)*	INSPECTION REQUIREMENTS CONTINUED *(List inspection requirements for each work task)*	TRAINING REQUIREMENTS CONTINUED *(List safety/healthy training requirements for task and PPE/Equipment)*

(Reverse of ENG FORM 6017-R)

NAME (Print, Last, First, MI)

JOB SERIES

JOB TITLE

JOB NUMBER (SF 52)

POSITION HAZARD ANALYSIS (PHA) FOR USACE EMPLOYEES

EQUIPMENT/PPE TO BE USED *(List equipment and PPE to be used for each task)*	INSPECTION REQUIREMENTS *(List inspection requirements for each work task)*	TRAINING REQUIREMENTS *(List safety/healthy training requirements for task and PPE/Equipment)*
1.	1.	1.

This analysis serves as the hazard assessment required by Sections 01, 05, and 06 of EM 385-1-1, U.S. Army Corps of Engineers Safety and Health Requirements Manual. The employee covered by this analysis has been instructed in the tasks to be performed, the hazards to be encountered, the potential adverse effects of exposure to such hazards and the controls (to include required medical surveillance) to be used. He/she has received adequate training specifically related to safe work practices, administrative and engineering controls and personal protective equipment (PPE) to be used in order to assure assigned work tasks are conducted in a safe and healthful manner. He/she has demonstrated an understanding of the safety and health equipment and PPE to be used to include its limitations, useful shelf life, how to properly don, doff, adjust and wear required PPE and how to properly care for, inspect, maintain, store, and dispose. Attached is documentation of the training received, dates of such training and the subject matter taught.

Supervisor Signature _____ Employee Signature _____

Date ___/___/___ Date ___/___/___

(Reverse of ENG FORM 6017-R)

Activity Hazard Analysis (AHA)

ACTIVITY HAZARD ANALYSIS

Date Submitted: _____

Contract No.: _____ Name of Project: _____

Activity Start Date: _____ Date of Preparatory or Initial Meeting: _____

Submitted by: _____ Accepted by GDA: _____

(Signature) (Signature)

_____ _____

(Title) (Title)

Comments by GDA: _____

PRINCIPAL STEPS ***Identify the principal steps involved and the sequence of work activities***	POTENTIAL SAFETY/HEALTH HAZARDS ***Analyze each principal step for potential hazards***	RECOMMENDED CONTROLS ***Develop specific controls for potential hazard***
EQUIPMENT TO BE USED ***List equipment to be used in the work activity***	**INSPECTION REQUIREMENTS** ***List inspection requirements for the work activity***	**TRAINING REQUIREMENTS** ***List training requirements including hazard communication***

7. **Specific training as required by OSHA, U.S. Army, and COE/District**

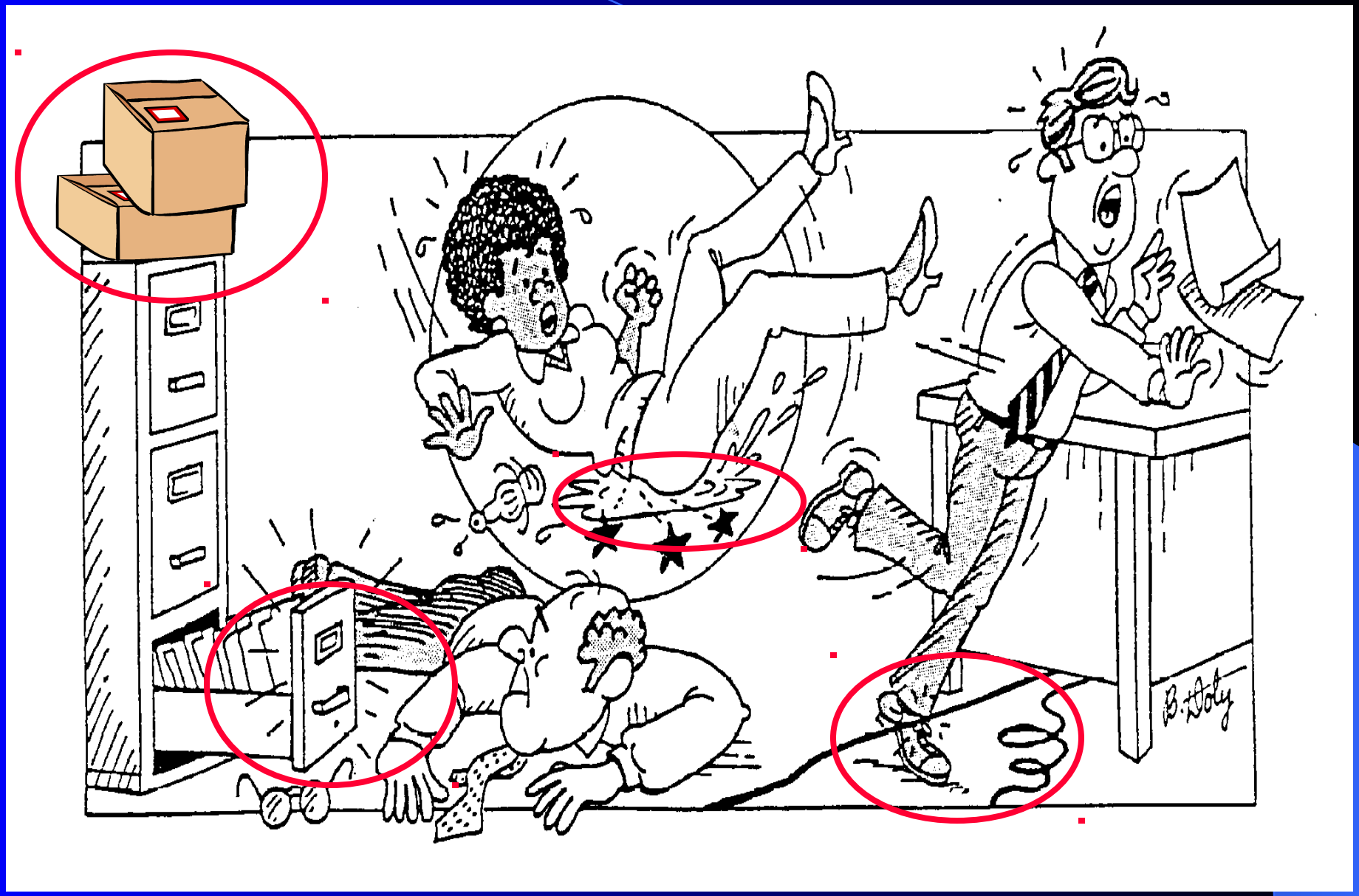
Relevant safety and occupational health training is determined by your supervisor based on your position/job description, work task and the PHA.

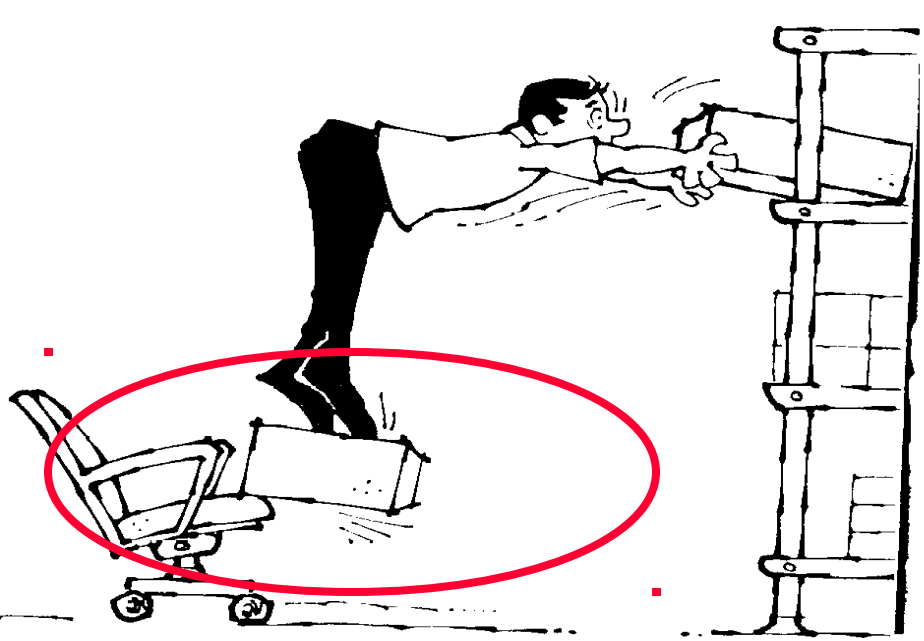
Below is a sample listing of general and job specific training and/or programs.

- **Composite Risk Management**
- **Defensive Driving**
- **Accident Reporting and Recordkeeping**
- **Cold Weather Safety**
- **HAZCOM**
- **HAZWOPER**
- **Firearm and Bear Safety**
- **Wildlife Protection**
- **Confined Space**
- **ATV and Snow Mobile Operator Safety Training**
- **Boat Operators**
- **First Aid and CPR**
- **Blood-borne Pathogens**
- **Personnel Protective Equipment**
- **Respiratory Protection**

Common Work Place Hazards

Office Safety





Safe Access And Fall Protection

Lifting Techniques (Ergonomics)

Ergonomics

Poorly Designed Work Station

- **Awkward reaching creating a possible tipping hazard**

- **No upper lumbar support on chair could lead to CTD's**

Top of monitor at or just below eye level
Head and neck balanced and in-line with torso
Shoulders relaxed
Wrists and hands in-line with forearms
Adequate room for keyboard and mouse
Elbows close to body and supported
Lower back supported
Feet flat on the floor

Ergonomically Correct Work Station

Safe Access

1.Unsafe lift. Blocked view and not using handrail.

2.Trash on stairs.

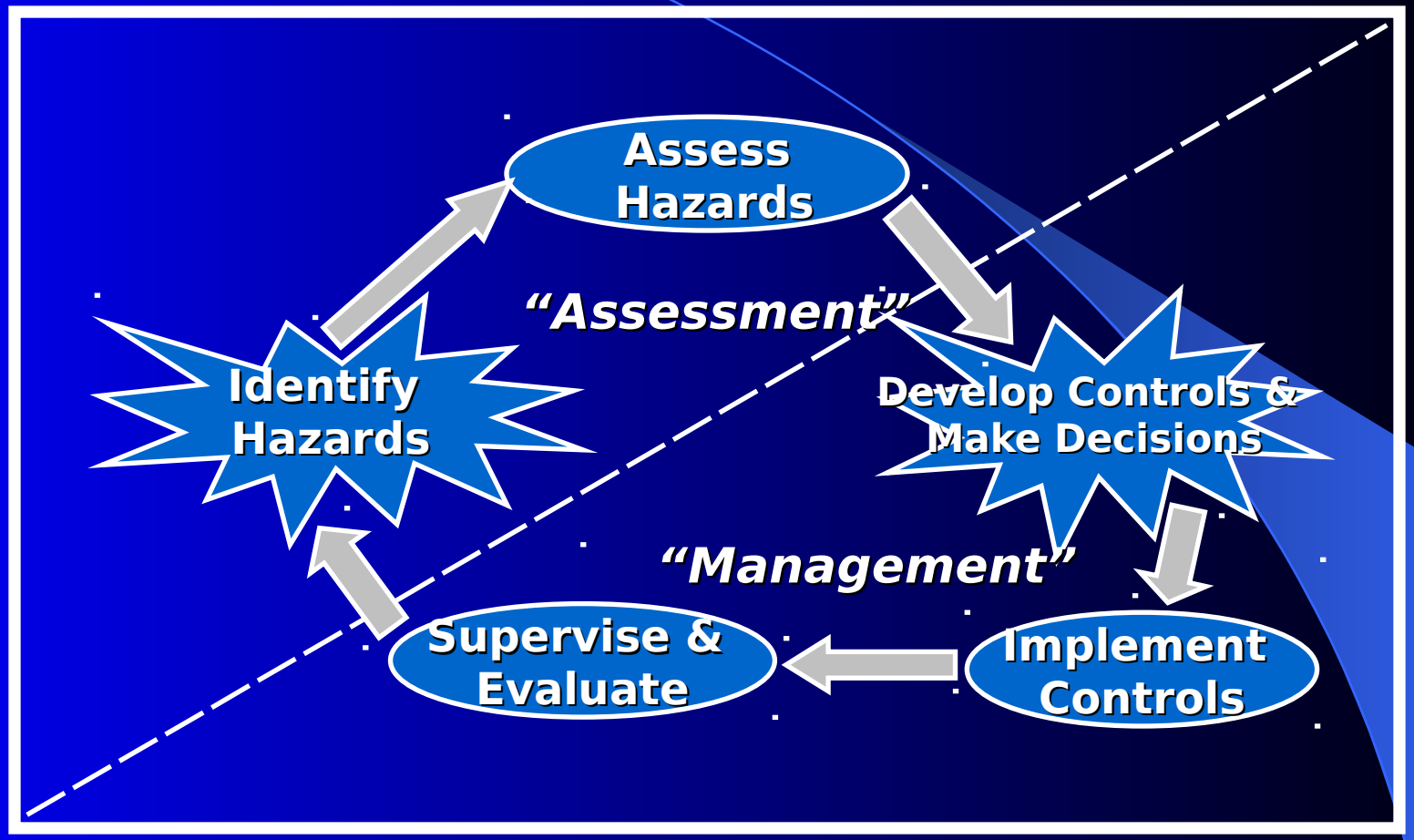
3.Foot protection. Employees must wear protective footwear when heavy items may fall on the feet.

Fire and Electrical Safet

FECA & OWCP

- Seek medical treatment and notify supervisor of injury or illness.
- Supervisor will assist in completing claim and must complete all applicable supervisor sections of claim forms
- Do not delay claims. Over 30 days may result in OWCP denial
- Strongly advised to provide medical documentation to support claim.
- All injury and illness claims submitted to CPAC must also have a POD 265-R submitted to the POA Safety Office.
- Required CPAC furnished forms for injury and illness treatment at government expense:
  - CA-1, Traumatic Injury (i.e., back injury)
  - CA-2, Occupational Disease (i.e., cumulative trauma disorders)
  - CA-16, Authorization for Examination and/or Treatment
  - CA-20, Attending Physician Report

Composite Risk Management



Apply Composite Risk Management to all of your on and off-duty activities

References and Resources

OSH Act 1970 (P.L. 91-596)

Executive Order 12196, Federal Civilian Personnel

Occupational Safety and Health Administration (OSHA) Regulations, 29 CFR 1910, 1926, and 1960

OSHA Ergonomic Solutions e-Tool – Computer Work Stations

DODI 6055.2, DOD Occupational Safety and Health Program

Army Regulation (AR) 385-10,The Army Safety Program

FM 5-16 Composite Risk Management

USACE Safety Management Action Plan (SMAP)

EM 385-1-1 Safety and Health Requirements (Green Book), 3 November 2003

J.J. Keller and Associates, Inc

**********NOTICE**********

After completing the certificate of completion on th
page you must have it signed by your supervisor an
submit the certificate to your training coordinator fo
credit.

No credit will be given for completion if these proce
are not followed

U.S. Army Corps of Engineers
Alaska District

Certificate of Completion
For
Employee Safety Briefing

(IAW 29CFR1960, EM 385-1-1, & USACE Safety Management Action Plan)

presented to

DD/MM/YYYY

_____